MALKMUS

Chiropractic Acupuncture

Office Cancelation Policy

To Our Patients

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much-needed treatment. Conversely, the situation may arise when another patient fails to cancel, and we are unable to schedule you for a visit.

For this reason, if canceling your appointment for any reason, we ask that you give at least a 24-hour notice from your scheduled appointment time. We have developed a policy encompassing “late cancelations” and “no shows” that is outlined below and explains your financial obligations should you fail to give at least a 24-hour notice.

No Show and Late Cancelation Policy

Patients who fail to show up for their scheduled appointment or do not notify the office within 24 hours of their scheduled appointment time shall be subject to a "No Show/Late Cancellation" fee based on the type of appointment scheduled. In the event of an emergency where prior notice cannot be given, consideration will be given, and a one-time exception may be granted at the discretion of the clinic. If a patient cancels an appointment within 24 hours or fails to show up to their scheduled appointment time and does not have a form of payment on file, they will carry a balance and be charged when a form of payment is available.

A no-show shall be defined as failure to appear within 30 minutes following appointment time as scheduled. When a patient appears 30 or more minutes after scheduled appointment time, a new appointment will need to be scheduled. Calling after the scheduled appointment time shall not constitute a change in the classification of fee from “no show” to “late cancelation”. While appearing less than 30 minutes following the scheduled time will not incur a fee, the patient may need to be “worked in” resulting in a delay in service.

Phone: (417) • 614 • 5222 | Email: info@malkmuschiropractic.com | Fax: (417) • 614 • 2288

2053 S. Waverly Ave, STE B, Springfield, Missouri, 65804

A. Fees assessed when adhering to the description of "Late Cancelation" as previously provided are as follows:

   (I.) For a New-Patient appointment that is canceled within 24 hours of the scheduled time, a fee of $20.00 (*) will be charged to the form of payment provided
   (II.) For a Re-Evaluation appointment that is canceled within 24 hours of the scheduled time, a fee of $10.00 (*) will be charged to the form of payment provided
   (III.) For any other appointment type that is canceled within 24 hours of the scheduled time, a fee of $10.00 (*) will be charged to the form of payment provided

B. Fees assessed when adhering to the description of "No-Show" as previously provided are as follows:
   (I.) For a New-Patient appointment, if the patient does not appear within 30 minutes of their scheduled appointment, a fee of $40.00 (*) will be charged to the form of payment provided
   (II.) For a Re-Evaluation appointment, if the patient does not appear within 30 minutes of their scheduled appointment, a fee of $20.00 (*) will be charged to the form of payment provided
   (III.) For any other appointment type, if the patient does not appear within 30 minutes of their scheduled appointment, a fee of $10.00 (*) will be charged to the form of payment provided

*** Malkmus Chiropractic & Acupuncture LLC reserves the right to alter this fee schedule at any time. Should there be any change in fee schedule, you will be notified of any change.**

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PLEASE DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY

By signing, you agree that you have fully read and understand the cancelation policy above. Furthermore, you authorize Malkmus Chiropractic & Acupuncture LLC to process no-show/late cancellation fees should you fail to cancel 24 or more hours prior to your appointment or fail to appear for your scheduled appointment time in accordance with the policies set forth and the fee schedule at the time of the scheduled appointment. Signing authorizes Malkmus Chiropractic & Acupuncture LLC to charge this fee to the form of payment provided.

(Print): _____ (Signed): _____ (Date): ____/____/_____

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